

Mail Drop 536M Driver Improvement Unit Motor Vehicle Division PO Box 2100 Phoenix AZ 85001-2100

## **OFFICER ARREST AFFIDAVIT**

40-1411 R02/15 azdot.gov

Arrestee Name (first, middle, last, suffix)		Date of Birth		Socia	Social Security Number*	
Street Address		City			State	Zip
Credential Used In the Offense  Driver License Identification Card	License Number		Issui	ing State		
Violation (ARS)	Arrest Date (month/day	y/year)	Arrest Ti	me		
☐ 4-241L ☐ 4-241N ☐ 13-3403.02C Arrest Location		P	Arizona City/Town	(in or near	·)	□ am □ pm
I have reasonable grounds to believe and do believe that the Arrestee named above committed the offense or civil violation specified above, in that: (describe below).						
Reasonable Grounds	·					
			County			
I request that any hearing	ng be held in the fol	lowing co	ounty:			
I certify, pursuant to ARS 28-1561, that the above is true and correct.						
Officer Name (first, middle, last, suffix)		Agency				
Mailing Address		City State Zip				
Officer Signature			Identification Nur	mber	Date	1

<sup>\*</sup> The Arrestee's Social Security Number is required by ARS 28-3310A and will be used to verify identity to comply with driver license laws.